

Attorney Docket No. HAG 142

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT APPLICATION TRANSMITTAL LETTER

Transmitted herewith for filing is the patent application of:

1. 2. Inventor(s) Addresses: Full name of first inventor Akikuni HARA Country of Citizenship _____ Japan Address c/o Hakuju Institute For Health Science Co., Ltd., 32-17, Oyamahigashi-cho, Itabashi-ku, Tokyo, Japan Full name of second inventor Nobuo UENAKA Address c/o Hakuju Institute For Health Science Co., Ltd., 32-17, Oyamahigashi-cho, Itabashi-ku, Tokyo, Japan 3. Title: Electric Potential Therapy Apparatus And Control Method Of Optimal Dose Amount For Human Body Area Enclosed are: 4. 8 Sheets of Drawings <u>X</u> Formal Informal Χ <u>27</u> Pages of Specification <u>X</u>___ 3 Sheets of Tables Χ ____1___ Sheets of Formulas X ____4 Pages of Claims Abstract of the Disclosure Χ Assignment of invention to Hakuju Institute For Health Science Co., Ltd. Statement of Small Entity

Declaration and Power of Attorney

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|---------|----------|-------|----------|-------|----|-----|------|----|-----|-----------|
| Apj | plicants | claim | priority | under | 35 | USC | §119 | to | the | following |
| foreign | applicat | cion: | | | | | | | | |

Appointment of Associate Attorneys

Serial no. 2000-404337 filed December 18, 2000 in Japan.

____ A certified copy of these priority documents are enclosed herewith.

Claims as Filed

| | Number Filed | | Number Extra | Rate | Fee |
|-----------------------|-----------------|-----|-----------------|--|-----------|
| Total | 29 | -20 | 9 | (small entity) x 9 (others) x 18 | \$162.00 |
| Independent | 5 | -3 | 2 | (small entity) x 42 (others) x 84 | \$168.00 |
| Multiple Dependent | Yes | | | (small entity) x 140 (others) x 280 | \$280.00 |
| Basic Fee | | | | (small entity) x 370 (others) x 740 | \$740.00 |
| Assignment | | | | | \$40.00 |
| Total Fee | | | | | \$1390.00 |

Please charge my Deposit Account No. 50/1039 in the amount of \$ _____. A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any additional fees (except the issue fee) which may be required at any time during the prosecution of this application without specific authorization, or credit any overpayment to Deposit Account No. 50/1039. A duplicate copy of this sheet is enclosed.

X A check in the amount of \$1390.00 is enclosed to cover the filing fee and the recordation of the Assignment, if any, transmitted herewith.

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Date: December 13, 2001

Mark 7. Murphy Registration No.: 34,225

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Date of Deposit December 14, 2001

I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 GF 3 1.10 on the date indicated above and is a lidressed to: Commissioner for Patients, Washington, D.C. 20231

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